OSAH FORM 1

This form is available online at http://www.ganet.org/osah/form.html or by telephone request at (404)657-2800.

DOCKET NUMBER

COUNTY

JUDGE

AGENCY CODE | CASE TYPE

OSAH USE ONLY

CSBME		
NAME OF REFERRING AGENCY: COMPOSITE ST	ATE BOARD OF MEDIC	AL EXAMINERS
COUNTY OF NON-AGENCY PARTY'S RESIDENCE:		
DATE OF HEARING REQUEST:		
	turist)	
CONTACT PERSON IN REFERRING AGENCY		
NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST	POSITION	EMAIL:
		PAGER:
ATTORNEY FOR REFERRING AGENCY		
ATTORNEY NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	GEORGIA BAR #:	EMAIL:
		PAGER:
LICENSEE APPLICANT (NON-AGENCY PARTY)		
NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST		EMAIL:
		PAGER:
☐LICENSEE'S ATTORNEY ☐APPLICANT'S ATTOR	RNEY (NON-AGENCY PARTY'S A	ATTORNEY)
ATTORNEY NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	GEORGIA BAR #:	EMAIL:
		PAGER:
PARTY REQUESTING THE HEARING: REFERRING AGENT		
OOCUMENT INITIATING THE HEARING: As "Attachment 1" to		
SSUES TO BE RESOLVED: As "Attachment 2", attach an outlincluding specific statutes or rules to be applied at the hearing.		
SPECIAL REQUIREMENTS: As "Attachment 3", attach a sheet ime deadlines or procedures that are to be applied by OSAH in res		e of federal) establishing any specific
SERVICE OF DOCUMENTS: In addition to routine service on the	· ·	ntact person requests the following:
No service of documents prior to certification of the file to the a	agency after a decision	
 ☐ Service of all documents prior to certification of the file to the a ☐ Service of a copy of the notice of hearing ☐ Service of a copy will be mailed to the referring agency at the address indicated for the tructions provide an alternative place for service. 	of a continuance Service of cop	